

## **PREMIER**

	Madison WI 53708-8946 RESORT AREA					
	SSN or FEIN					
Complete form using <b>BLACK IN</b>						
Tax Account Number (020 XXXXXXXXXX XX)	Period Begin Date (MM DD YYYY)	Period End Date (MM DD YYYY)	Due Date (MM DD YYYY)			

 Check if this is an <b>AMENDED</b> return
 Check if name/address change (Note changes on the back of the form)
 Check if business discontinued (Note changes on the back of the form)

## For periods beginning on or after 10-01-2014

or perious beginning o	ales	Tax Calculation			
BAYFIELD	1a	x .005 = <b>1b</b>			
EAGLE RIVER	2a	x .005 = <b>2b</b>			
STOCKHOLM	3a	x .005 = <b>3b</b>			
LAKE DELTON	4a	x .0125 = <b>4b</b>			
WISCONSIN DELLS	5a	x .0125 = <b>5b</b>			
6 Total premier resort ta	x (add lines 1b - 5b)	6			
7 Retailer's discount (see instructions)					
8 Net premier resort tax (subtract line 7 from line 6)					
9 Interest and penalty .	9				
10 TOTAL DUE (add lines	8 and 9)	10			
Contact Name (please print)	Signature	Date	Phone ( )		

## Mail return and remittance to:

Premier Resort Tax Processing Wisconsin Department of Revenue PO Box 8946 Madison WI 53708-8946

Phone: (608) 266-2776

Email: DORBusinessTax@revenue.wi.gov

Website: revenue.wi.gov



FOR DEPARTMENT USE ONLY

## **Taxpayer Information Changes**

Resort Area (check appropriate boxes)		_ Bayfield	Eagle River _	_ Lake Delton		
		_	_ Stockholm	Wisconsin Dells		
Business Discontinued Date:	MM	DD	YYYY			
Please indicate reason for dis	continua	ition:				
Deceased	Merger with				Partner added	
Formed LLC	Business did not materialize			ze _	Partner dropped	
Incorporated	No	taxable	e activity	_	_ Sold to	
Other (please explain)						
Name Change						
New Legal Name						
New Business Name						
Mailing Address Change	•					
Street Address or PO Box						
City				State	Zip code	
Business Location Cha	nge					
Street Address						
City				State	Zip code	